

EPA Thinking - Module 1

Mentor supplement with examples and prompts

Mentor Briefing: There will be some early confusion about the goals because this is not a course for taking a test. It will be important to inform the students of the points below before you proceed with the module exercise so they will understand that the process they will follow gets more natural.

- Students should keep in mind that they are evaluating thinking needed to learn clinical procedures. These procedures will require decisions.
- Decisions can be pre-entrustable or entrustable. They cannot be memorized effectively nor are they acquired by experience alone.
- The flipped classroom causes attention to be focused on comparing current decisions in studying vs. future decisions in the clinic.
- Awareness of the EPAs and their understanding of how to acquire entrustability can be powerful in selling themselves to residency programs. Make them repeat this back and try to give their own explanation. Tell them not to worry, but just to focus on their own way of thinking.

You, the mentor, will be aided by several enhancements:

1. This supplement is composed of the materials that the students have with the enhancements added to provide an all-in-one document.
2. [brackets] are used to provide notes or suggestions.
3. Highlighting is used for faster reference on the page.\
4. The sample responses in the section following the discussion questions are excerpted from the reading materials to help you prompt the students as needed.
5. Additional background material is also included in the sample responses.

EPA 1 Flipped Classroom Exercise

EPA 1: Gather a history and perform a physical examination.

AAMC Description of Activity: The goal is to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. *Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering [emphasize to students].*

Discussion Questions [key phrases highlighted for easier mentor reference during session]:

1. First student: Identify a behavior from the pre-entrustable description for this EPA in the AAMC Faculty and Learners' Guide. [Sample responses are listed below along with ESP correlations.]
 - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory? [novice]

- What is novice thinking? [direct recall; **absence of awareness of significance**]
 - What is the corresponding study behavior, i.e. how do robotic thinkers study? [emphasis on recognition of facts; **absence of personal organization of facts**]
 - b. Next student: Where do you think the information for this EPA is addressed in the preclinical curriculum? (starter example: What anatomy content is needed for this EPA?) [**anatomy provides insight into function and relationships needed to inform both history and physical**; physiology and biochemistry provide insight into normal communication between tissues, etc.]
2. Next student: Identify another behavior from the pre-entrustable description.
 - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory?
 - b. Next student: Where is this type of thinking addressed in the preclinical curriculum?
 3. Continue this analysis until there is general agreement that at least three examples have been identified. [Note: Inclusion of at least three assures an appreciation of the variety of behaviors observed.]
 4. Next student: Identify a behavior from the **entrustable vignette**.
 - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory? [**integrated/anticipatory**]
 - b. Next student: Where is this type of thinking addressed in the preclinical curriculum? Also, in your own study skills? [As above, but **disciplines are related to each other by the student**, e.g. heart anatomy is reviewed during cardiovascular physiology.]
 5. Continue this questioning until there is general agreement that all have been identified.
 6. Next student: Show how ESPeak Mapping helps to develop the skills needed for this EPA. (Example: could you organize the physical examination in a concept map?) [A map of review of systems could be constructed to show the general anatomy and physiology that correlate with symptomology. **Visualization of relationships helps to develop a focused history** when needed and also to direct attention to abnormal signs during the physical examination.]
 7. Next student: How does deliberate practice apply to this skill development [self-reflection is encouraged along with review of deficiencies]?
 8. Next student: How does Jungian type apply to this EPA?
 - a. Limit discussion to intuitive and sensing preferences. How does each preference prefer to think? [Sensing types: linear, memorization, recognition-based. Intuitive types: big picture, relationships, comparison-based.]
 - b. Discussion should involve reflection on what preference requires most effort and is least trusted. [**Sensing types** tend to focus on robotic collection of data and avoid interpretation; **intuitive types** tend to focus on “interesting” data and can miss collection of routine data which could prove important as diagnosis is determined.]
 9. Pursue additional interests of the group or needs for clarification as they arise.

Sample excerpts from description and vignettes

Pre-entrustable sample responses:

1. Errors of **omission or commission** in gathering information;
2. Limited ability to **filter, prioritize, and connect** pieces of information to each other;
3. Decisions based on intuition or a limited ability to develop **relevant mental models**;
4. Inadequate attention to the **patient's individual background**.

Entrustable sample responses:

1. Able to gather an accurate **complete history**;
2. Can gather a **focused history** in an urgent, emergent, or consultation setting;
3. Learner identifies and uses **alternative sources of information** beyond the patients themselves;
4. Ensures **appropriate communication** by using interpreter services when necessary;
5. Can identify and document **abnormal findings**, and describe such findings to team members;
6. **Analytic reasoning** and the abilities to activate prior foundational knowledge and prior clinical experience
7. Consistently uses **patient-centered interview skills**;
8. **Respect for patients**, insight about patients' emotional responses; ability to communicate bidirectionally.